

Using the CARES Data System 2013

The purpose of this class:

to provide an overview of the
CAReS data system and how it
relates to the CH/EPSDT program

Upon completion of this class, participants will be able to demonstrate:

- How to search for a client in CARES.
- How to add a new client to CARES.
- How to update information in a client's record.
- How to identify the sections of the client summary.
- How to add needs and services to a client's record.
- How to access the eight agency-level CARES reports , billing reports, and quarterly and annual data reports.
- Who to contact about CARES questions or concerns.



CAReS Background Information

Programs

- **CH:** Child Health
- **EPSDT:** Early, Periodic Screening Diagnosis and Treatment

Database

- **CAReS:** Child and Adolescent Reporting System

What is CARES?

Child and Adolescent Reporting System

Statewide Database

- Web-based system
- Designed in 2001
- Upgraded in 2009, 2011
- Major upgrade 2012
- 790,000 children
- 7.3 million services

Clinical Record

- The CH client's official clinical record
- Used by Title V agencies to record information about all CH clients

Where is the CARES User Manual?

On the IDPH / BFH Website:


http://www.idph.state.ia.us/hpcdp/grantee_resources.asp



Child and Adolescent Reporting System (CAREs) and

The user's manual for the Child and Adolescent Reporting guides for data entry as required by the Maternal and Child Health manual is 3MB in size and may take a few minutes to open. Click on the link and selecting 'save target as' from the pop-up

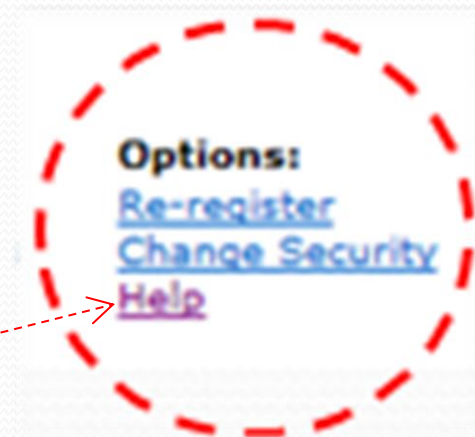
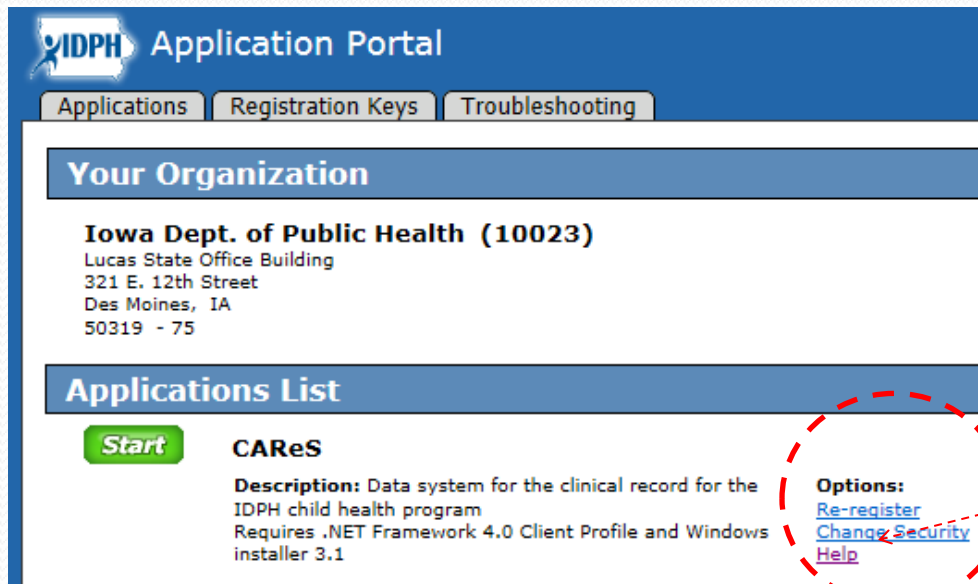
[Child and Adolescent Reporting System Manual](#) 

- [Child Health Demographics Form](#) 
- [Child Health Needs and Services Form](#) 

Where is the CAREs User Manual?

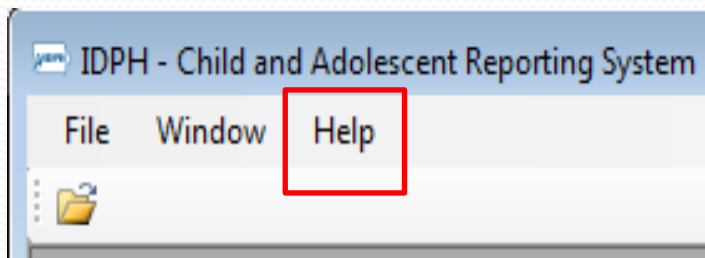
In CAREs Help. 1) To open from the IDPH Application Portal...

...select 'Help' from the *Options:* list.



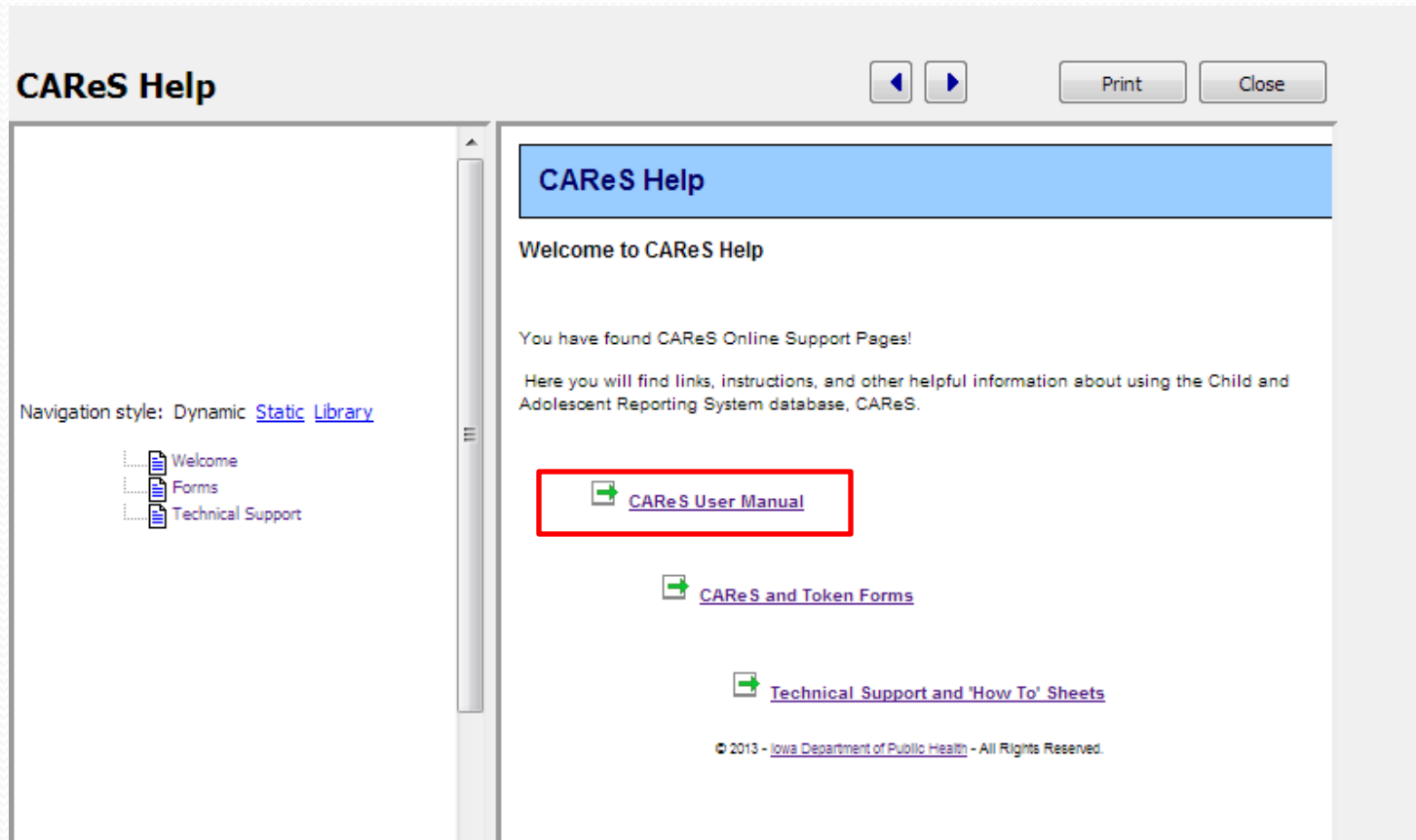
2) To open when logged in to CAREs...

...select 'Help' from the *File* menu.



Where is the CARES User Manual?

In CARES Help: Select 'CARES User Manual'.



Before Accessing CARES

- You must sign a security agreement and token request form before using CARES.
- You will be issued a User ID, temporary password, and security token.
- You must understand that CARES should only be accessed within the offices of a Title V Child Health or Public Health agency.

Accessing CARES

- CARES is accessed through the Web using Internet Explorer 7.0 or higher at this site.

<https://deploy.idph.state.ia.us/portal/default.aspx>

- If Internet Explorer 7.0 or higher is not available, your agency can contact IDPH for alternate access to CARES.

You Are Responsible for CArES Security!

- Your password must be 8 characters in length. You can use numbers, letters (UPPER or lower), and special characters (!, @, ?, etc.).
 - Note: Must use a min of 1 from 3 of the 4. [UPPER, lower, number, \$p≡(!@/]
- Your passwords should be changed every four months.
- You should not openly display your login names and passwords (i.e. post-it note on monitor).
- You should not safeguard your user and clinic login information in the same location. These pieces of information must be kept separate at all times.
- You should not share accounts or passwords with anyone, even on a temporary basis.
- You should not leave CArES running when you are away from your computer.

CAReS Security Settings

- CAReS is set to time out after **10 minutes** of inactivity
- You will be prompted to re-enter your username, user password, and token password
- Once you have re-entered your credentials, you will be able to continue with your work where you left off
- If you had attempted to save information, etc. when you were timed out, CAReS will still save the information once you have re-entered your credentials

What features will you see in CARES?

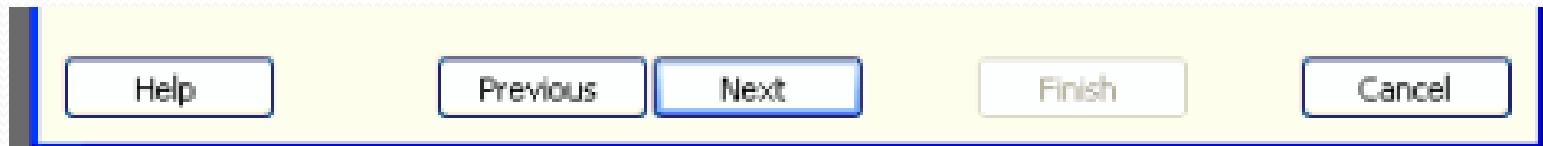


boxes

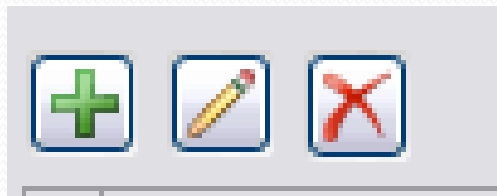
Drop-down boxes

Text boxes

Command buttons



These allow you to go through a wizard or menu options



Add, Edit, or Delete
information



Open, Close, or Save a
record

CAReS Staff at IDPH

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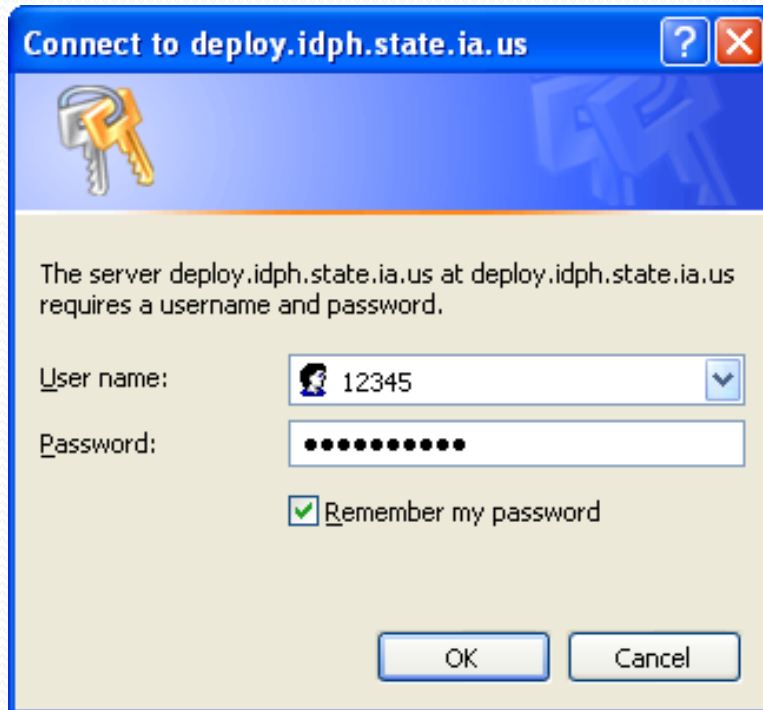
Registration, Login, and Navigation

Registration

- CAReS must be registered on any new computer
- Registration is tied to Windows user name
 - If computer is shared, CAReS will need to be registered for each user
- Both CAReS administrators and Users can register
- Detailed instructions for registration process have been provided to each agency – you will work with your CAReS Administrator to complete registration as needed

Accessing CArES

- Go to the application website:
 - <https://deploy.idph.state.ia.us/portal/default.aspx>



Connect to deploy.idph.state.ia.us

The server deploy.idph.state.ia.us at deploy.idph.state.ia.us requires a username and password.

User name:

Password:

☒ Remember my password

OK Cancel

Enter your **agency number** in the User Name field (i.e. 99999).

Enter your **agency password** (i.e. QwExT542eeA). This password is case-sensitive.

If you checked “remember my password” during registration, you won’t have to reenter the information. Just click on **OK**.

Accessing CArES

The screenshot shows the IDPH Application Portal interface. At the top, there is a blue header with the IDPH logo and the text "Application Portal". Below the header, there are three tabs: "Applications", "Registration Keys", and "Troubleshooting". The "Applications" tab is selected. Under this tab, there is a section titled "Your Organization" which displays the following information: "Black Hawk County Health Dept. (10107)", "1407 Independence Ave", "5th Floor", "Waterloo, IA", and "50703 - 4300". Below this, there is a section titled "Applications List". In this list, the "CArES" application is highlighted. To the left of the application name is a green "Start" button. To the right of the application name, there is a "Description" and "Options" section. The description states: "Data system for the clinical record for the IDPH child health program. Requires .NET Framework 4.0 Client Profile and Windows installer 3.1". The options section includes links for "Re-register", "Change Security", and "Help".

IDPH Application Portal

Applications | Registration Keys | Troubleshooting

Your Organization

Black Hawk County Health Dept. (10107)
1407 Independence Ave
5th Floor
Waterloo, IA
50703 - 4300

Applications List

Start	CArES	Options:
	Description: Data system for the clinical record for the IDPH child health program Requires .NET Framework 4.0 Client Profile and Windows installer 3.1	Re-register Change Security Help

- Check to be sure the correct organization and address are listed
- Click on “Start”

Accessing CAREs



- Login screen
 - Enter your assigned User ID
 - Enter your CAREs password (is now case-sensitive)
 - Enter your token password + 4 digit softpin
 - Click on “OK”



Example:

Token Password = **5696F0**

Your personal SoftPIN = # # # #

SafeWord Silver Password =

5696F0 # # # #

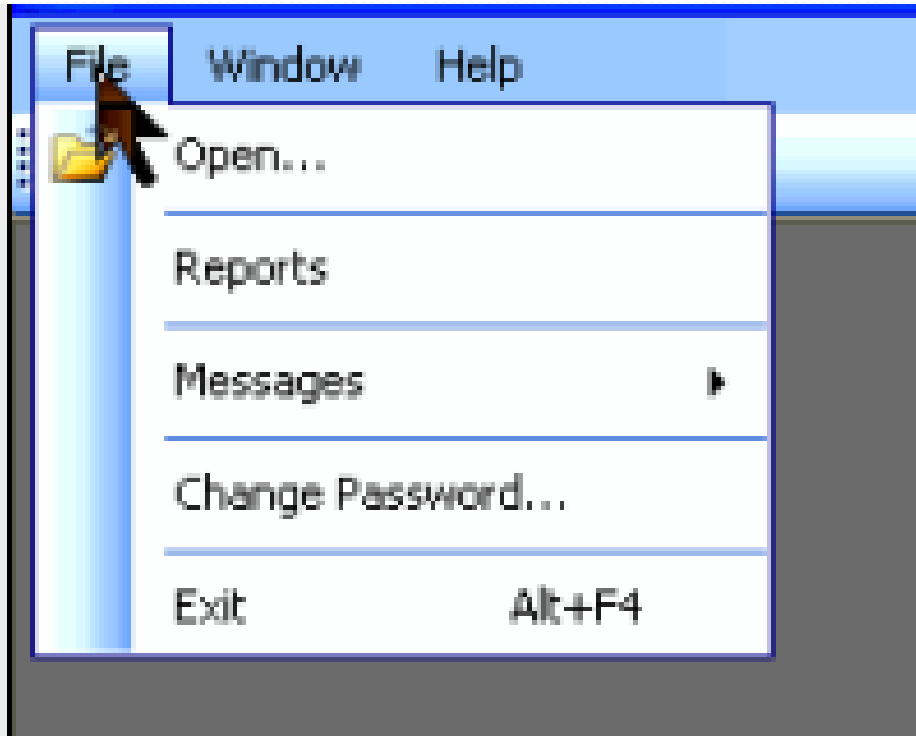
Accessing CAREs



- You will first see what appears to be a blank page
- Check to be sure your login information is correct at the bottom of the screen (organization, user name, permission level)

Organization: Black Hawk County Health Dept. User Name: bhummel Access Level: Admin

Navigating CAREs



- **File menu (upper left)**
 - Open: To access client record
 - Reports: Access client and agency reports
 - Messages: new feature
 - Change password
 - Exit the application
- **Window** – allows you to organize client records when multiple client records are open.
 - Cascade
 - Tile Horizontally
 - Tile Vertically
- **Help** – new feature, will be updated/expanded



Searching for a Client

Searching for a Client

Client Search

Use the name and date of birth fields to find all matching records

Last name:

First name:

Date of birth:

Or use one of the following fields to find a single matching record

Child Health ID #:

Title XIX #:

Help Previous Next Finish Cancel

- Choose Open from file menu, or click on folder icon in upper left corner
- You can search by a combination of client's name/date of birth, **OR** Child Health ID number, or Title XIX number.
- Once you have entered your search criteria, click on “Next”

Client Search

Please select one

☐ Add a new client

☒ Edit the selected client

Last Name	First Name	Middle Name	Suffix	Date of birth	Title XIX #
TESTING	APPLICAT		II	01/01/1997	1957896D
Testing	Client	II		02/03/2012	
Testing	Client		IV	01/01/2000	

Help Previous Next Finish Cancel

- The search screen will give you a list of clients that match your criteria.
- You can highlight a client's name and click the "Finish" button to open the client's existing record.
- If none of the clients match your criteria, search at least two more times using different criteria
- You can click on "Previous" to go back and edit criteria

IDPH - Child and Adolescent Reporting System - [TESTING III, APPLICAT]

File Window Help

Child Health ID #: 116-000001969848 Client name: TESTING III, APPLICAT Age: 15 years 11 months
 Medicaid eligibility: Not Eligible Record type: Title XIX #: 1957896D

Client and Household Parent and Guardian Medical and Dental Early ACCESS

Client identification

First name: APPLICAT
 Middle name:
 Last name: TESTING
 Suffix: III
 Date of birth: 01/01/1997
 Gender: Male
 Social Security #: ***-**-1111

Household information

Street:
 ZIP code:
 City:
 State:
 Primary phone: (515) 555-1212
 Primary phone desc.: Home
 Secondary phone: (222) 222-2222
 Secondary phone desc.: Work

Agency home

Agency home: Black Hawk County Health Dept.
☐ To assume responsibility for the health care coordination for this client, check this box. To discharge this client from your agency services, un-check this box.
 Reason:

Ethnicity, race, and language

Ethnicity: Hispanic or Latino
 Primary race: Black or African-American
 All races:
☐ American Indian or Alaska Native
☒ Asian
☒ Black or African-American
☐ Native Hawaiian or Other Pacific Islander
☐ White
 Country of origin: Grenada
 Primary language: Tigrinya
 Secondary language: Krahn, Western
 Translator needed: Yes

Additional information

Record type:
 Referral source: Friend/Relative

Organization: Siouxland-Community Health Ctr User Name: mjohnson Access Level: Admin No unread

Once you open the record, you will see information about the client.

Always double-check to be sure it is the correct record.

Click on the appropriate tab to enter or edit information

Client Search

Please select one

☒ Add a new client

☐ Edit the selected client

Last Name	First Name	Middle Name	Suffix	Date of birth	Title XIX #
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Help Previous Next Finish Cancel

- If the search screen comes up blank, it means there was no match.
- OR, if none of the search results are the client you are working with...
- Search at least two more times using different criteria.
- If you still can't find a record for the client, select "Add a new client," then click on "Finish" to create a new record in the CARES database.

IDPH - Child and Adolescent Reporting System - [,]

File Window Help

Child Health ID #: Client name: Age: Medicaid eligibility: Record type: Title XIX #:

Client and Household Parent and Guardian Medical and Dental Early ACCESS

Client identification

First name: Middle name: Last name: Suffix:

Date of birth: Gender: Social Security #:

Household information

Street:

ZIP code: ☒

City: State:

Primary phone: Primary phone desc.:

Secondary phone: Secondary phone desc.:

Agency home

Agency home:

☐ To assume responsibility for the health care coordination for this client, check this box. To discharge this client from your agency services, un-check this box.

Reason:

Ethnicity, race, and language

Ethnicity:

Primary race:

All races: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Country of origin:

Primary language: Secondary language:

Translator needed:

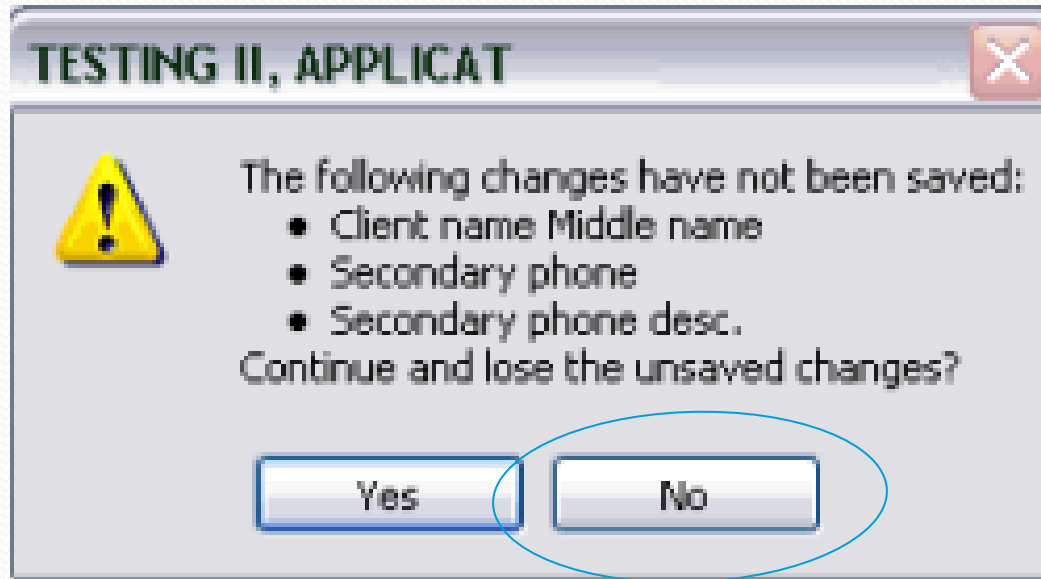
Additional information

Record type: Deferral reason:

Organization: Siouxland-Community Health Ctr User Name: mjohnson Access Level: Admin No unread

- You will see a blank record, and can begin to enter information
- Note that “first name” is listed first
- Click on each tab across the top to enter information
- NOTE: CAReS will **NOT** automatically capitalize proper names

Saving a Record



- CAReS will alert you if you have unsaved information before you close a record
- PLEASE NOTE: Read the wording carefully
- If you click “yes”, you will lose the unsaved information. You should click “no”, and then save the information by clicking on the save icon or choosing save from the “File” menu. You may then close the client record.



Components of a CAReS Record

Client and Household Tab

IDPH - Child and Adolescent Reporting System (Test) - [TESTING II, APPLICAT]

File Window Help

Child Health ID #: 116-000001969848 Age: 15 years 0 months Medicaid eligibility: Not Eligible Title XIX #: 1957896D

Client and Household Parent and Guardian Medical and Dental Early ACCESS

Client identification

First name: APPLICAT

Middle name:

Last name: TESTING

Suffix: II

Date of birth: 01/01/1997

Gender: Male

Social Security #: ***-**-0000

Agency home

Agency home:

☐ To assume responsibility for the health care coordination for this client, check this box. To discharge this client from your agency services, un-check this box.

Reason:

Ethnicity, race, and language

Ethnicity: Hispanic or Latino

Primary race: Black or African-American

All races:

- ☐ American Indian or Alaska Native
- ☒ Asian
- ☒ Black or African-American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Country of origin: Grenada

Primary language: Tigrinya

Secondary language: Krahn, Western

Translator needed: Yes

Household information

Street: 321 Sesame

ZIP code: 50310

City: Des Moines

State: IA

Primary phone: (515) 555-1212

Primary phone desc.: Home

Secondary phone: (222) 222-2222

Secondary phone desc.: Work

Family size: 1

Monthly income: \$1,000.00

% of Poverty: 110.00 %

Additional information

Record type:

Referral source: Friend/Relative


Other programs:


- ☐ Before/After school care
- ☐ CH Specialty Clinics
- ☐ Child care

Organization: Black Hawk County Health Dept. User Name: bhummel Access Level: Admin 1 unread

Client and Household Tab

Client identification

First name:	APPLICAT	▼
Middle name:		▼
Last name:	TESTING	▼
Suffix:	II	▼
Date of birth:	01/01/1997	▼
Gender:	Male	▼
Social Security #:	***-**-0000	



- Information to complete: First name, last name, middle name, suffix, date of birth, gender, social security number
- To enter/edit SSN: Click on the pencil icon to edit
 - Can enter or delete SSN or revert to previously saved SSN
 - Once record is saved, the SSN will be masked and only last 4 digits shown

Client and Household Tab

Household information

Street: 321 Sesame

ZIP code: 50310 ☐ ☒

City: Des Moines

State: IA

Primary phone: (515) 555-1212

Primary phone desc.: Home

Secondary phone: (222) 222-2222

Secondary phone desc.: Work

Family size: 1

Monthly income: \$1,000.00

% of Poverty: 110.00 %

01/01/1997

Male

***-**-0000

321 Sesame St.

50310

Des Moines

IA

Country of origin: Grenada

Primary language: Tigrinya

IDPH Address Validation

Address validation returned the following results.
Do you wish to use the corrected address?

Corrected Address: 321 Sesame St
50310

Corrections Made: Address not found;

Help Yes No

- Information to complete: Address information, primary phone and description, secondary phone and description, family size, monthly income.
- Enter street address and zip code, then click on the checkmark icon. Choose “Yes”, and then select city and state from dropdown if not populated automatically
- CAReS will calculate the client’s percent of poverty from the family size and **monthly** income.
- For Title XIX clients, the address and primary phone, along with client identifiers, may be over-written by DHS information.

Client and Household Tab

Agency home

Agency home:

☐ To assume responsibility for the health care coordination for this client, check this box. To discharge this client from your agency services, un-check this box.

Reason:

Ethnicity, race, and language

Ethnicity: Hispanic or Latino

Primary race: Black or African-American

All races:

- ☐ American Indian or Alaska Native
- ☒ Asian
- ☒ Black or African-American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Country of origin: Grenada

Primary language: Tigrinya

Secondary language: Krahn, Western

Translator needed: Yes

Additional information

Record type:

Referral source: Friend/Relative

Other programs:

- ☐ Before/After school care
- ☐ CH Specialty Clinics
- ☐ Child care

- You can admit and discharge clients under “Agency Home”
 - You must save the record after accepting client into your agency home
- A client must be in your agency home to access needs, services, dental risk assessments, and paid Medicaid claims
- Enter ethnicity, race, language, translator needed
 - Based on self declaration by the client or family.
- Enter referral source and other programs

Parent and Guardian Tab

The screenshot shows a web application interface with four tabs: 'Client and Household', 'Parent and Guardian', 'Medical and Dental', and 'Early ACCESS'. The 'Parent and Guardian' tab is active, indicated by a mouse cursor. The form is divided into three main sections: 'Mother', 'Father', and 'Guardian'. Each section contains fields for first name, middle name, last name, maiden name (for Mother), suffix (for Father and Guardian), social security number, and education level. The 'Marital status' section is also visible, showing 'Custodial parent's marital status' set to 'Single'. At the bottom, a footer bar displays 'Organization: Black Hawk County Health Dept.', 'User Name: bhummel', and 'Access Level: Admin'.

Client and Household **Parent and Guardian** Medical and Dental Early ACCESS

Mother

First name: mother
Middle name:
Last name: testing
Maiden name:
Social Security #:
Ed. level achieved: Associate's degree

Father

First name: father
Middle name:
Last name: testing
Suffix:
Social Security #:
Ed. level achieved: Associate's degree

Guardian

First name:
Middle name:
Last name:
Suffix:
Social Security #:

Marital status

Custodial parent's marital status: Single

Organization: Black Hawk County Health Dept. User Name: bhummel Access Level: Admin

- Fields to complete:
 - Marital status of custodial parent
 - Mother, father and/or guardian's last name, first name, and highest level of education.
- There is no need to collect the parent/guardian social security number

Medical and Dental Tab

- Information to Complete:
 - Medical home questions
 - Primary care provider
 - Medical barriers
 - Dental home questions
 - Dentist
 - Dental barriers
 - Dental risk assessments (if a screening was completed)

Child Health ID #: 116-000001969848 Age: 15 years 1 month Medicaid eligibility: Not Eligible Title XIX #: 1957896D

Client and Household Parent and Guardian **Medical and Dental** Early ACCESS Needs and Services Medicaid Claims

Medical Home

Does the client have a usual source of medical care?: No
 Is the usual source of medical care available 24/7?: No
 Does the usual source of medical care maintain the client's record?: No
 Client has medical insurance: No

Primary Care Provider

Name and address: Wayne E Rouse, MD
 628 S. Boone Street
 Boone, IA 50036
 Date of last visit to the Primary Care Provider: 12/13/2010

Medical barriers:

- ☐ Child care for siblings
- ☒ Cost
- ☒ Fear of medical procedures
- ☐ Hours of appointment
- ☐ Language
- ☐ Location of Provider
- ☐ No Barriers
- ☐ No belief in preventive health care
- ☐ No Medical Home
- ☐ Provider declines insurance
- ☐ Transportation
- ☐ Unaware of need for well visit
- ☐ Unpaid bill at office

Dental Home

Does the client have a usual source of dental care?: No
 Does the usual source of dental care maintain the client's record?: No
 Has the client seen a dentist within the past 12 months?: No
 Client has dental insurance: No

Dentist

Name and address: John Anderson Reed, DDS
 4401 SW 9th
 Des Moines, IA 50315

Dental barriers:

- ☐ Child care for siblings
- ☐ Cost
- ☐ Dentist declines insurance
- ☐ Dentist will not see children under four years of age
- ☒ Fear of dental procedures
- ☐ Hours of appointment
- ☐ Language
- ☐ Location of dentist
- ☐ No Barriers
- ☐ No belief in preventive dental care
- ☒ Transportation
- ☐ Unaware of need for well visit
- ☐ Unpaid bill at office

Dental Risk Assessment History

Organization: Black Hawk County Health Dept. User Name: emparker Access Level: Admin No unread

Medical Information

Medical Home



Does the client have a usual source of medical care?: No ▾

Is the usual source of medical care available 24/7?: No ▾

Does the usual source of medical care maintain the client's record?: No ▾

Client has medical insurance: No ▾

Primary Care Provider

Name and address: Wayne E Rouse, MD
628 S. Boone Street
Boone, IA 50036  

Date of last visit to the Primary Care Provider: 12/13/2010 ▾

Medical barriers:

- ☐ Child care for siblings
- ☒ Cost
- ☒ Fear of medical procedures
- ☐ Hours of appointment
- ☐ Language
- ☐ Location of Provider
- ☐ No Barriers
- ☐ No belief in preventive health care
- ☐ No Medical Home
- ☐ Provider declines insurance
- ☐ Transportation
- ☐ Unaware of need for well visit
- ☐ Unpaid bill at office

- Select the appropriate answer to the four questions from the drop-down boxes
- If the first three questions are answered “Yes,” the client is considered to have a medical home
- If the client answered “Yes” to the first question, ask for the name of the primary care provider. Click the Add button to add the provider.
- Type in the date the client was last seen by his/her primary care provider for any reason.
- Select any medical barriers that apply

Primary Care Provider search

Is the usual source of medical care available 24/7?: No

Does the usual source of medical care maintain the client's record?: No

Client has medical insurance: No

Primary Care Provider

Name and address: Wayne Earl Rouse, MD
628 S. Boone Street
Boone, IA 50036

Date of last visit to the Primary Care Provider: 12/13/2010

Medical barriers:

- ☐ Child care for siblings
- ☒ Cost
- ☒ Fear of medical procedures
- ☐ Hours of appointment
- ☐ Language
- ☐ Location of Provider
- ☐ No Barriers
- ☐ No belief in preventive health care
- ☐ No Medical Home

Primary Care Provider Search

County: [dropdown]

First letter of last name: [text box]

Help Previous Next Finish Cancel

- Provider search includes MD, DO, PA, NP.
- Select the county of the provider's license (can type first letter)
- Type the first letter of the provider's last name.
- Click on "Next"
- Highlight the correct provider and click on the "Finish" button
- If PCP is a clinic, use lead provider's name

Adding a Provider to CArES

- Always look in surrounding counties if you cannot find a provider or dentist
- To add a provider or dentist, provide the following information to IDPH
 - Provider's full name (including middle)
 - Credentials (MD, PA, DDS, etc.)
 - License number
 - Full mailing address
- Providers from neighboring states will only show in CArES if requested to be added

Dental Information

Dental Home

Does the client have a usual source of dental care?: No ▼

Does the usual source of dental care maintain the client's record?: No ▼

Has the client seen a dentist within the past 12 months?: No ▼

Client has dental insurance: No ▼

Dentist

Name and address: John Anderson Reed, DDS
4401 SW 9th
Des Moines, IA 50315



Dental barriers:

- ☐ Child care for siblings
- ☐ Cost
- ☐ Dentist declines insurance
- ☐ Dentist will not see children under four years of age
- ☒ Fear of dental procedures
- ☐ Hours of appointment
- ☐ Language
- ☐ Location of dentist
- ☐ No Barriers
- ☐ No belief in preventive dental care
- ☒ Transportation
- ☐ Unaware of need for well visit
- ☐ Unpaid bill at office

Dental Risk Assessment History



- Select the appropriate answer to the four questions from the drop-down boxes.
- If client has a regular dentist, use the “Add” button to locate that dentist
- Dental Barriers - Click to place a check mark beside all choices that apply.

Dental Risk Assessment

Dental Risk Assessment

Screening date: 01/09/2012
Decayed teeth: Yes
Filled teeth: No
Sealed teeth: No
Risk level: High, Moderate, Low

Dental barriers:

- ☐ Child care for siblings
- ☐ Cost
- ☐ Dentist declines insurance
- ☐ Dentist will not see children
- ☒ Fear of dental procedure
- ☐ Hours of appointment
- ☐ Language
- ☐ Location of dentist
- ☐ No Barriers
- ☐ No belief in preventive dentistry
- ☒ Transportation
- ☐ Unaware of need for well child care
- ☐ Unpaid bill at office

Dental Risk Assessment History

Screening date	Decayed teeth	Filled
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Buttons: Help, Previous, Next, Finish, Cancel

- Each time a dental risk assessment is entered it will be added to the Dental Risk Assessment History table
- To add a new assessment, click the “Add” button, enter all information, click on next, and then “Finish” to save.
- CArES Administrators have the ability to edit and delete records in the Dental Risk Assessment History.

Early ACCESS Tab

The screenshot shows a software interface with five tabs at the top: "Client and Household", "Parent and Guardian", "Medical and Dental", "Early ACCESS" (which is selected and highlighted with a dashed border), and "Needs and Services". Below the tabs, the "Early ACCESS" section contains the following fields:

- A label "Early ACCESS" in blue text.
- A question "Client has a developmental delay or disability:" followed by a drop-down menu showing "Yes".
- A section titled "Delay types:" followed by a list of checkboxes:
 - ☐ Adaptive
 - ☐ Cognitive
 - ☐ Communication
 - ☐ Emotional
 - ☐ Health status
 - ☐ Hearing
 - ☐ Physical
 - ☒ Social
 - ☐ Vision
- A question "Client has a condition known to have a high probability of later delays in development:" followed by a drop-down menu showing "Yes".
- A question "Client has an IFSP (Individual Family Service Plan):" followed by a drop-down menu showing "Yes".





- If the family reports that the client has a developmental delay or disability, select “Yes” from the drop-down box.
- Select the type of delay or disability.
- Select the appropriate answer from the drop-down box for the last two questions.



The Client's CAREs Record Needs





Client and Household Parent and Guardian Medical and Dental Early ACCESS **Needs and Services** M

Needs

Need category	Need	Identification date	Resolution date
Emergencies	Emergency preparation	12/03/2012	

Services

Service category	Service	Service date	Interaction type
Informing & Care coordination	Care coordination	10/02/2012	Clinic visit

- To add needs you may click on the “Add” button in the Needs section of the client summary.
- You may highlight an existing need and click on the “Edit” button to enter the resolution county and date.

- CArES Administrators may click on the “Edit” button to correct data entry errors in some portions of the Needs section. They may also delete entries that are entered incorrectly by clicking the “Delete” button.
- Both Users and Administrators can print Need detail reports.

Entering Needs

Client Need

Need category: Health needs

Need: Immunizations

Identification county: BLACK HAWK

Identification date: 01/09/2012

Identified by:

Need documentation:

Help Previous **Next** Finish

Client Need

Resolution county: BLACK HAWK

Resolution date: 01/09/2012

Help Previous **Next** Finish

Client Need

You have chosen to perform the following actions:

Add Need "Immunizations"

- Change **Need category** from *blank* to "Health needs"
- Change **Need** from *blank* to "Immunizations"
- Change **Identification county** from *blank* to "BLACK HAWK"
- Change **Identification date** from *blank* to "01/09/2012"
- Change **Resolution county** from *blank* to "BLACK HAWK"
- Change **Resolution date** from *blank* to "01/09/2012"

Help Previous Next **Finish** Cancel

Need Categories

Emergencies

Food Safety/Security Health Needs

Home Safety

Nutrition

Financial Situation

Psychosocial Needs

Living Situation

Oral Health

Parenting

Reproductive Health

Substance Abuse

Transportation

Entering Needs





- Select the need category.
- Select the specific need.
- Select the identification county.
- Enter the identification date.
- Select who identified the need (by discipline).
- Enter the resolution county and date, if appropriate.
 - You can add the resolution county and date at a later time, if needed.
 - If no date was entered it will be assumed that the need was not resolved.
- Enter Need Documentation, if appropriate.
- Click “Next” to go to next screen and “Finish” to save.



The Client's CAREs Record Services





Client and Household Parent and Guardian Medical and Dental Early ACCESS **Needs and Services** M

Needs

Need category	Need	Identification date	Resolution date
Emergencies	Emergency preparation	12/03/2012	

Services

Service category	Service	Service date	Interaction type
Informing & Care coordination	Care coordination	10/02/2012	Clinic visit

- To add services you may click on the “Add” button in the Services section of the Needs and Services tab
- Click on “Edit” (pencil icon) to open record and read service notes

- CARES Administrators may click on the “Edit” button to correct data entry errors in some portions of the Services section. They may also delete entries that are entered incorrectly by clicking “Delete” (red X)
- Both Users and Administrators can print Service detail reports.

Entering Services

The image displays three sequential screenshots of the 'Client Service' wizard interface, illustrating the steps to enter a new service.

First Screenshot: The 'Client Service' window shows the initial form with fields for Service category, Service, County of service, Service date, Time in, Time out, Interaction type, and Immunization record reviewed. The 'Next' button is circled in blue.

Second Screenshot: The 'Client Service' window shows the next step with fields for Primary payment source (set to 'Title XIX - Fee for service'), Secondary payment source, Follow-up date, and a large text area for Service documentation. The 'Next' button is circled in blue.

Third Screenshot: The 'Client Service' window shows the final confirmation screen. It lists the actions to be performed: 'Add Service "Dental FLUORIDE varnish"', 'Change Service category from blank to "Dental"', 'Change Service from blank to "Dental FLUORIDE varnish"', 'Change County of service from blank to "BLACK HAWK"', 'Change Service date from blank to "01/09/2012"', 'Change Interaction type from blank to "Clinic visit"', and 'Change Primary payment source from blank to "Title XIX - Fee for service"'. The 'Finish' button is circled in blue.

- Note: If you have unsaved information in other parts of the client record, you will be prompted to save before opening a new service
- CArES will guide you through each page of the wizard – click on “Next” through first two screens, then “Finish” to save the service

Entering Services

- Select the service category.
- Select the specific service.
- Select the county of service.
- Enter the date of service.
- Enter the Time In (hh:mm am/pm) – if applicable.
- Enter the Time Out (hh:mm am/pm) – if applicable.
- Select the interaction type.
- If you reviewed the client's immunization record, select “Yes”.
- Select the primary payment source.
- Select the secondary payment source, if known.
- Enter the follow-up date, if applicable.
- Enter Service Documentation for all services.
 - The system automatically inserts the date of your data entry after “Date Created” and your name after “Created By”.
 - Up to 460 character spaces are available for documentation
- Click “Next” to go to next screen and “Finish” to save.



The Client's CAREs Record

Medicaid Claims

Client and Household	Parent and Guardian	Medical and Dental	Early ACCESS	Needs and Services	Medicaid Claims
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Medicaid Claims

Date of service	Provider type	Category of service	CPT Code 1	CPT Code 2	CPT Code 3	CPT Code 4	County of service
09/21/2011	MATERNAL HEALTH CENTER		H0046				BLACK HAWK
09/13/2011	GENERAL HOSPITAL	INPATIENT					BLACK HAWK
09/13/2011	PHYSICIAN MD		01967				BLACK HAWK
09/13/2011	PHYSICIAN MD		88307				BLACK HAWK
08/29/2011	GENERAL HOSPITAL	OUTPATIENT	85027				BLACK HAWK
08/27/2011	GENERAL HOSPITAL	OUTPATIENT	99213	59025			BLACK HAWK

- You may view the client's paid Medicaid claims if a client is in your Agency Home.
- This information is provided only for viewing.
- There is no "Add" or "Edit" button on this screen.

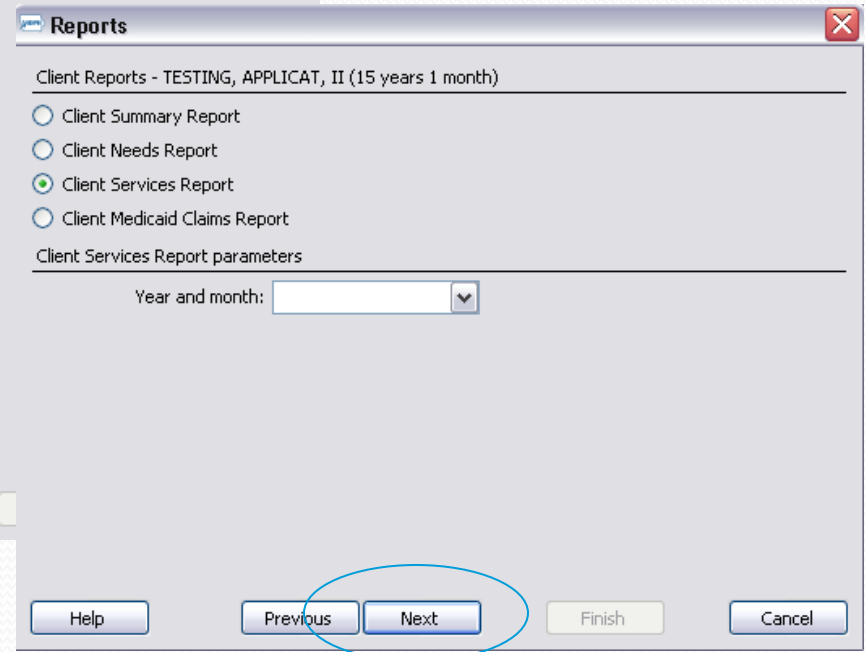
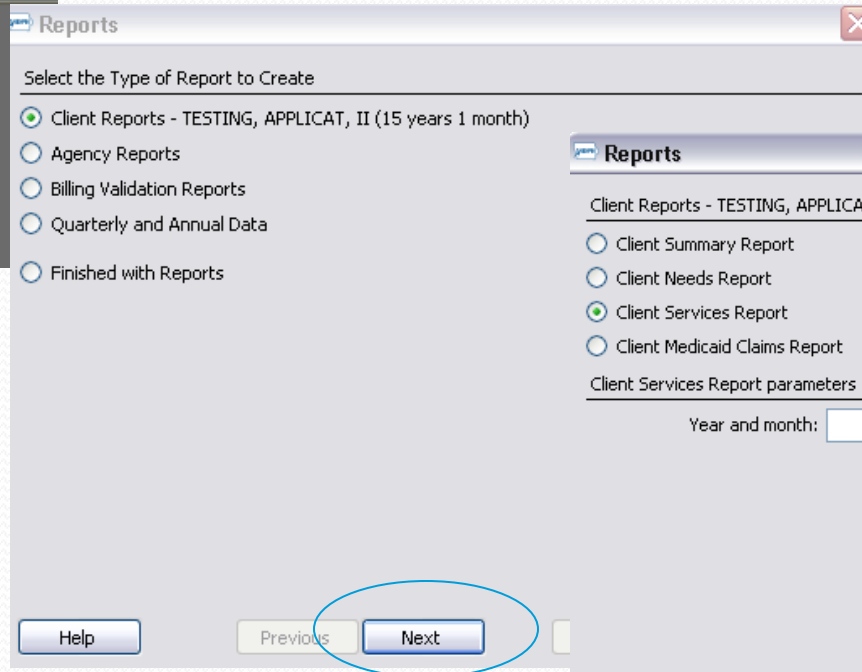
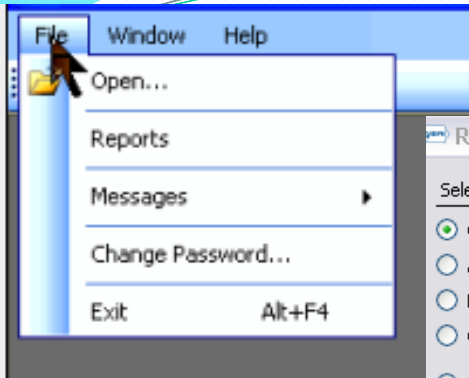


Agency Reports



Reports about an Individual Client

Reports about an Individual Client



- Client Summary Report
- Client Needs Report*
- Client Services Report*
- Client Medicaid Claims Report*

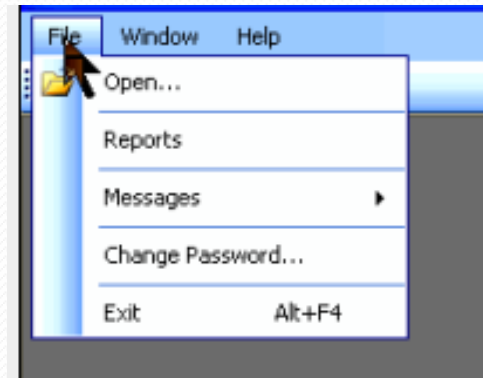
*can only be displayed if the client is in your agency home



Agency-level Reports

Agency-level reports that support the Child Health and EPSDT program

- Informing List
- Re-informing Lists
 - Re-inform – In Agency
 - Re-inform – No Agency
- Care Coordination Lists
 - Care Coordination List – In Agency
 - Care Coordination List – No Agency
- Service Follow-up Report
- Client Time Audit
- Agency Time Audit
- **Printing Labels: Both Admins and Users**
- **Exporting Reports into Excel: Admins only!**



Informing List

Reports [X]

Agency Reports

☒ Informing List

☐ Re-Informing List - In Agency

☐ Re-Informing List - No Agency

☐ Service Follow-up List

☐ Care Coordination List - In Agency

☐ Care Coordination List - No Agency

☐ Client Time Audit

☐ Agency Time Audit

Informing List parameters

Format: [v]

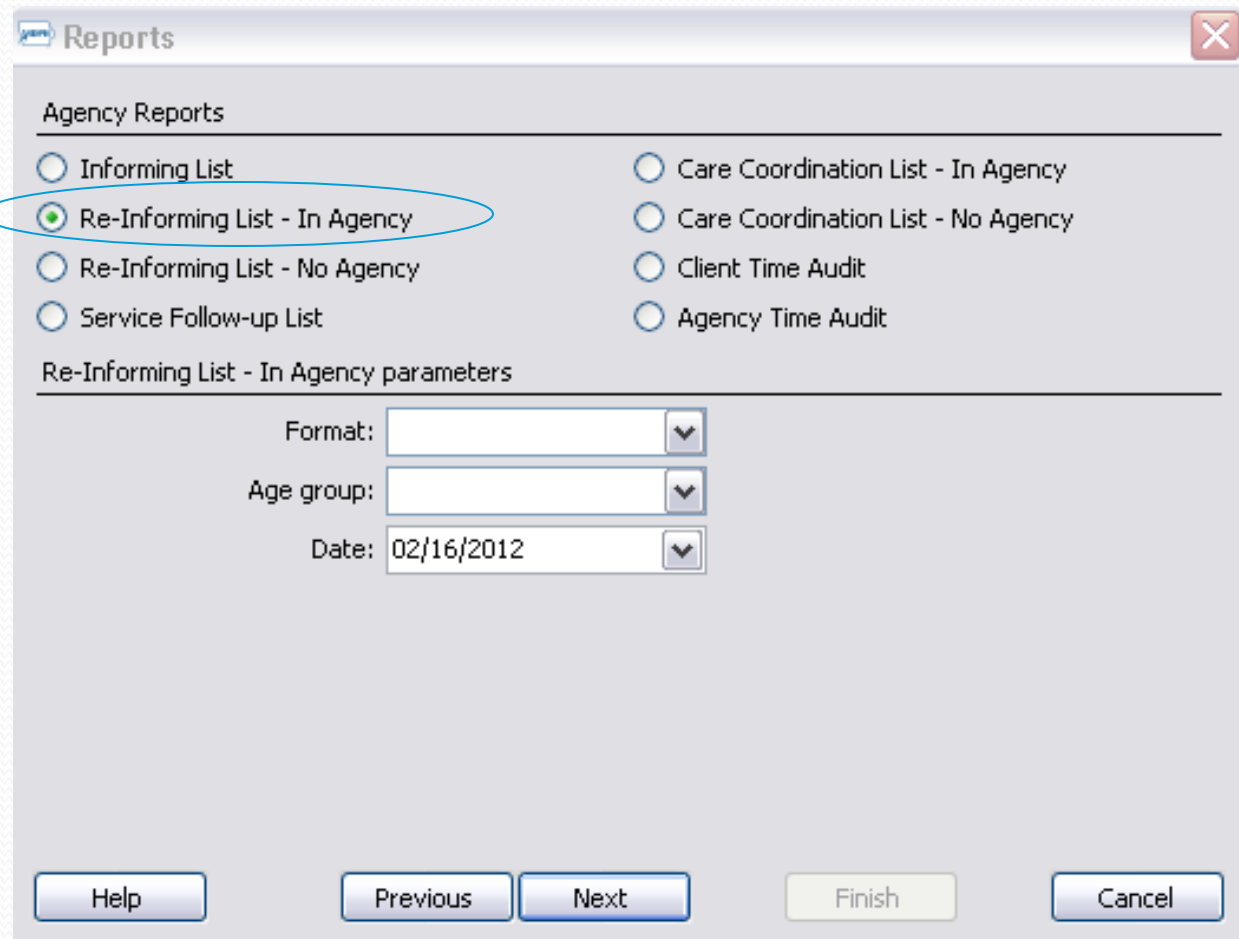
County of residence:

<input type="checkbox"/> BLACK HAWK	<input type="checkbox"/> DELAWARE
<input type="checkbox"/> BREMER	<input type="checkbox"/> GRUNDY
<input type="checkbox"/> BUCHANAN	
<input type="checkbox"/> CHICKASAW	

Age range: [0] to [21] years

[Help] [Previous] [Next] [Finish] [Cancel]

Re-Informing List – In Agency



The screenshot shows a software window titled "Reports" with a close button in the top right corner. Below the title bar is a section labeled "Agency Reports". Inside this section, there are two columns of radio button options. The first column contains: "Informing List", "Re-Informing List - In Agency" (which is selected and circled in blue), "Re-Informing List - No Agency", and "Service Follow-up List". The second column contains: "Care Coordination List - In Agency", "Care Coordination List - No Agency", "Client Time Audit", and "Agency Time Audit". Below these options is a section labeled "Re-Informing List - In Agency parameters". This section contains three dropdown menus: "Format:" (empty), "Age group:" (empty), and "Date:" (showing "02/16/2012"). At the bottom of the window are five buttons: "Help", "Previous", "Next", "Finish" (disabled), and "Cancel".

Reports

Agency Reports

☐ Informing List

☒ Re-Informing List - In Agency

☐ Re-Informing List - No Agency

☐ Service Follow-up List

☐ Care Coordination List - In Agency

☐ Care Coordination List - No Agency

☐ Client Time Audit

☐ Agency Time Audit

Re-Informing List - In Agency parameters

Format:

Age group:

Date: 02/16/2012

Help Previous Next Finish Cancel

Re-Informing List – No Agency

Reports

Agency Reports

☐ Informing List

☐ Re-Informing List - In Agency

☒ Re-Informing List - No Agency

☐ Service Follow-up List

☐ Care Coordination List - In Agency

☐ Care Coordination List - No Agency

☐ Client Time Audit

☐ Agency Time Audit

Re-Informing List - No Agency parameters

Format:

County of residence:

<input type="checkbox"/> BLACK HAWK	<input type="checkbox"/> DELAWARE
<input type="checkbox"/> BREMER	<input type="checkbox"/> GRUNDY
<input type="checkbox"/> BUCHANAN	
<input type="checkbox"/> CHICKASAW	

Age group:

Date: 02/16/2012

Help Previous Next Finish Cancel

Service Follow-up List

Reports

Agency Reports

- ☐ Informing List
- ☐ Re-Informing List - In Agency
- ☐ Re-Informing List - No Agency
- ☒ Service Follow-up List
- ☐ Care Coordination List - In Agency
- ☐ Care Coordination List - No Agency
- ☐ Client Time Audit
- ☐ Agency Time Audit

Service Follow-up List parameters

Format:

Beginning date:

Ending date:

Help Previous Next Finish Cancel

Care Coordination Lists

Reports [X]

Agency Reports

☐ Informing List

☐ Re-Informing List - In Agency

☐ Re-Informing List - No Agency

☐ Service Follow-up List

☒ Care Coordination List - In Agency

☐ Care Coordination List - No Agency

☐ Client Time Audit

☐ Agency Time Audit

Care Coordination List - In Agency parameters

Format: [v]

County of residence:

<input type="checkbox"/> BLACK HAWK	<input type="checkbox"/> DELAWARE
<input type="checkbox"/> BREMER	<input type="checkbox"/> GRUNDY
<input type="checkbox"/> BUCHANAN	
<input type="checkbox"/> CHICKASAW	

Age range: [0] to [21] years

Medicaid eligibility: [v]

Date: [02/16/2012] [v]

[Help] [Previous] [Next] [Finish] [Cancel]

Client Time Audit

Reports [X]

Agency Reports

☐ Informing List

☐ Re-Informing List - In Agency

☐ Re-Informing List - No Agency

☐ Service Follow-up List

☐ Care Coordination List - In Agency

☐ Care Coordination List - No Agency

☒ Client Time Audit

☐ Agency Time Audit

Client Time Audit parameters

Format: [] [v]



Date of service: 02/16/2012 [v]

County of service:

<input type="checkbox"/> BLACK HAWK	<input type="checkbox"/> DELAWARE
<input type="checkbox"/> BREMER	<input type="checkbox"/> GRUNDY
<input type="checkbox"/> BUCHANAN	
<input type="checkbox"/> CHICKASAW	

Help Previous Next Finish Cancel


Agency Time Audit


 **Reports** 


Agency Reports



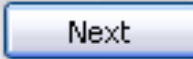


<input type="radio"/> Informing List	<input type="radio"/> Care Coordination List - In Agency
<input checked="" type="radio"/> Re-Informing List - In Agency	<input type="radio"/> Care Coordination List - No Agency
<input type="radio"/> Re-Informing List - No Agency	<input type="radio"/> Client Time Audit
<input type="radio"/> Service Follow-up List	<input checked="" type="radio"/> Agency Time Audit

Agency Time Audit parameters

Format: 

Beginning date: 

Ending date: 



Billing Validation Reports

Agency-level reports that support the billing of informing, care coordination, and presumptive eligibility services **

** Only available to CARES Admins

- Informing and Re-informing
- Care Coordination
- Presumptive Eligibility

Reports

Billing Validation Reports

☒ Informing and Re-Informing
☐ Care Coordination
☐ Presumptive Eligibility

Informing and Re-Informing parameters

Format:

County of service: ☐ BLACK HAWK ☐ DELAWARE
☐ BREMER ☐ GRUNDY
☐ BUCHANAN
☐ CHICKASAW

Service type:

Year and month:

Help Previous Next Finish Cancel



Quarterly and Annual Data

Aggregate data available on a quarterly and annual basis

- 16 Reports Available
 - Previously provided by IDPH
- Now available directly from CARES
 - One month after end of quarter/year
 - January 31, May 1, August 1, and October 31
- Available to Admins and Users

Q&A Reports Available

- Duplicated Reports
 - Dental Services – by County of Service
 - Health Education Services – County of Service
 - Health Screening Services – County of Service
 - Informing and Care Coordination Services – County of Service
 - Service Category – County of Residence

Q&A Reports Available

- Medical Home Report – by County of Residence
- Oral Health Reports
 - Dental Barriers – County of Residence
 - Dental Home – County of Residence
 - Risk Assessment Result – County of Residence
 - Risk Criteria – County of Residence
- Translator Needed Report – by County of Residence

Q&A Reports Available

- Unduplicated Reports
 - By Age – County of Residence
 - By Ethnicity and Country of Origin – County of Residence
 - By Ethnicity – County of Residence
 - By Primary Payment Source – County of Residence
 - By Race – County of Residence

Reports

Quarterly and Annual Data

☒ Duplicated Count

☐ Medical Home

☐ Oral Health

☐ Translator Needed

☐ Unduplicated Count

Quarterly and Annual data parameters

Format: Export

Report: Informing & Care Coordination Services – County of Service

Time frame:

FFY2012 Quarter-1(10/1/2011 to 12/31/2011)

FFY2011 Annual(10/1/2010 to 9/30/2011)

FFY2011 Quarter-4(7/1/2011 to 9/30/2011)

FFY2011 Quarter-3(4/1/2011 to 6/30/2011)

FFY2011 Quarter-2(1/1/2011 to 3/31/2011)

FFY2011 Quarter-1(10/1/2010 to 12/31/2010)

Help

Previous

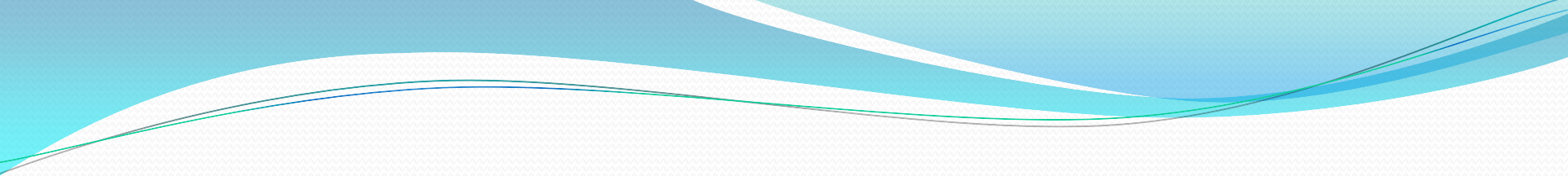
Next

Finish

Cancel



Record Closures, CAREs Questions, Roles & Responsibilities



What should users do if a client has been identified as being adopted? (*IDPH merges records*)

What should users do if a client has been identified as deceased? (*IDPH closes record*)

Information needed to remove a client from CArES due to death, or to merge if adoption

Provide IDPH with the following information:

- Client's full name(s) (old and new if adoption)
- Client's date of birth
- Client's child health ID number(s)
- Verification source

Role of the EPSDT Coordinator

The EPSDT Coordinator is responsible for the following activities in relation to the CARES database:

- Attend all mandatory trainings provided by IDPH staff.
- Ensure that all agency and subcontractor staff members using CARES are adequately trained prior to using the database.
- Provide regular training, including discussion about security and confidentiality, at least quarterly and document such activities in agency staff meeting minutes.
- Ensure that all users have access to the CARES User Manual.

Role of the CARES Administrator

The CARES Administrator is responsible for the following activities:

- Attend all mandatory trainings provided by IDPH staff.
- Request access for a new user at least five workdays prior to the new user's start date.
- Maintain security agreements signed by each user.
- Ensure that all users abide by the password policies and procedures.
- Monitor addition and deletion of users to ensure that only appropriate individuals have access to CARES.
- Inform IDPH of subcontractor changes that will affect CARES
- Edit client records when incorrect information is identified in CARES.
- Notify IDPH of any security breach and cooperate with IDPH in investigating the issue.

Today you have been introduced to:

- How to search for a client in CARES.
- How to add a new client to CARES.
- How to update information in a client's record.
- How to identify the sections of the client summary.
- How to add needs and services to a client's record.
- How to access the eight agency-level CARES reports and quarterly and annual data reports.
- Who to contact about CARES questions or concerns.



Thank You!

Questions?